MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET FILLING DATE (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I"AKEKOMENT 1 MANEROMENT AFTER AS FILED AFTER IND. DEP. L'ANCENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>55</u> <u>75</u> 5 · • 43 T A T TOTALOG T A TOTAL DEF **€**□ ₩ TOTAL, U.S. DEPARTMENT of COMMERCE